

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525287

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 7 | 1 | | 1 | | | |
| 8 | 1 | | 1 | | | |
| 9 | 1 | | 1 | | | |
| 10 | 2 | | 2 | | | |
| 11 | 1 | | 1 | | | |
| 12 | 1 | | 1 | | | |
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| TOTAL DEP. | 13 | ← | 13 | ← | ← | |
| TOTAL CLAIMS | 12 | [REDACTED] | 16 | [REDACTED] | [REDACTED] | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | ↓ | |
| TOTAL DEP. | | ← | | ← | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | [REDACTED] | [REDACTED] |